

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org

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STATE OF HAWA!!

STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	(Type of Fin		
NAME (Last)	(First)	(Middle)	TELEPHONE
Hiraki	Kenneth	T.	546-7334
MAILING ADDRESS (Street)			FAX
1177 Bishop Street			546-8500
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Hawaiian Telcom, Inc.			546-7334
MAILING ADDRESS (Street)			FAX
1177 Bishop Street			546-8500
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Telcom, Inc.	546-7334		
MAILING ADDRESS (Street)		FAX	
1177 Bishop Street		546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
JoAnn Yosemori		546-3868	
MAILING ADDRESS (Street)		FAX	
1177 Bishop Street		546-8500	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
Honolulu			

PART III DESCRIPTION	OF SUR IECTS LIDON WILL	IICH YOU EXPECT TO LOBB			
Agriculture	Education	Human Services	Science, Technology &		
	_4		Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	C Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	✓ Public Safety & Corrections			
	N OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
Ce	a de	7	1/2/2		
(Signature of Lobbyist)					
	(Olgridian of Lobbyist)		(Date)		
PART V AUTHORIZATION	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Michael S. Ruley	Chief Executive Officer				
, , , , , , , , , , , , , , , , , , ,		Officer Excoditive Officer			
NAME OF ORGANIZATION (if ap	oplicable)		TELEPHONE		
Hawaiian Telcom, Inc.			546-3868		
MAILING ADDRESS (Street)			FAX		
1177 Bishop Street			546-8500		
(City)	(State)	(State) (Zip Code)			
Honolulu	Hawaii	96813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
$-\mathcal{M}$	all. Ruley	, ,	1-03-07		
7	horizing Officer or Person Represe		<u> </u>		